



APPLICATION TO REGISTER A SECOND SUITE

LOCATION OF PROPERTY:

APPLICATION NO:

FEE:

RECEIPT #:

For Office Use Only

NOTE: Personal information is collected on this form under the authority of the City of Barrie By-law 2004-025 and is used to enforce various City of Barrie By-laws. This is a public record and information in it is accessible to the public. Questions about this collection of personal information should be directed to the City Clerk, City of Barrie, 70 Collier Street, Barrie, ON L4M 4T5

(1). APPLICATION INFORMATION

(1)(a)
Name of Applicant: _____
Address: _____
Town/City: _____
Postal/Zip Code: _____ **E-mail.:** _____
Telephone No.: _____ **Fax No.:** _____

(1)(b)
Name of Owner(s) (if different from the applicant): _____
Address: _____
Town/City: _____
Postal Code: _____ **E-mail.:** _____
Telephone No.: _____ **Fax No.:** _____

(1)(c)
Contact name for access to upper unit : _____
Unit Description: _____ **Telephone No.:** _____
Contact name for access to lower unit : _____
Unit Description: _____ **Telephone No.:** _____

(2) LOCATIONAL INFORMATION OF SUBJECT LANDS

Municipal Address: _____ **Roll Number:** _____
Registered Plan No.: _____ **Lot Number(s):** _____

(3) PURPOSE OF APPLICATION

Type and purpose of proposed transaction: (please check appropriate space)
 recognizing existing second suite creation of a second suite

PROPERTY STANDARDS INSPECTIONS:

PLEASE NOTE THAT FOLLOW-UP PROPERTY STANDARDS INSPECTIONS MUST BE COMPLETED WITHIN THREE (3) MONTHS FROM THE FIRST INSPECTION DATE.

(4) HISTORY OF THE SUBJECTLANDS

Date of first Occupancy of original dwelling unit: _____ Permit No. _____

Date of first Occupancy of second dwelling unit: _____ Permit No. _____

Valid Zoning Certificate Obtained Yes No

(5) DECLARATION OF APPLICANT OR AUTHORIZED AGENT

THE FOLLOWING DECLARATION MUST BE SIGNED BY THE APPLICANT OR AGENT

I certify that I have knowledge of the particulars contained in this application and that all the statements contained in this application are in every respect, fully and truly stated to the best of my knowledge and belief and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath by virtue of THE CANADA EVIDENCE ACT.

Signature (Owner or Agent) Print Name Date

(6) APPROVALS (Office use only)

PLANNING DEPT. ZONING CERTIFICATE

OBTAINED [] DATE _____ APPROVED BY: _____ DATE: _____

INSPECTIONS BRANCH (BUILDING INSPECTION)

DISTRIBUTED [] DATE _____ APPROVED BY: _____ DATE: _____

FIRE AND EMERGENCY SERVICES DEPARTMENT

DISTRIBUTED [] DATE _____ APPROVED BY: _____ DATE: _____

INSPECTIONS BRANCH (PROPERTY STANDARDS)

DISTRIBUTED [] DATE _____ APPROVED BY: _____ DATE: _____

(7) REGISTRATION (Office use only)

Based on the foregoing information, this application for registration of a second suite at the location identified has been approved in accordance with By-law 2004-025.

Registrar or Designate Date

APPENDIX "A"
AUTHORIZATION TO ACT ON BEHALF OF THE OWNER

In the event that someone other than the registered owner of the subject property is making this application, the following authorization must be completed.

I, _____

being the registered owner of the subject property, hereby authorize:

to make application on my behalf to the City of Barrie for the Registration of a Second Suite at the property

municipally known as _____ in accordance with By-law 2004-025.

Dated at the Town/City of: _____

In the Regional Municipality/County of: _____

This _____ day of _____ 20_____

Signature of Owner (seal if any) Print Name

Signature of Owner (seal if any) Print Name

Witness Print Name

NOTE: IF THE REGISTERED OWNER IS A CORPORATION, THE CORPORATE SEAL MUST BE AFFIXED TO THIS FORM IN ADDITION TO THE SIGNATURE OF AUTHORIZED SIGNING OFFICERS.